



Building and Safety Department
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Commercial Building Permit Plan Review Suggestion Survey

In order to continue to facilitate excellent customer service, timely reviews and accurate compliance with construction codes and high Lincoln standards, we are soliciting your input into improving our process. Please take the time to provide us with constructive suggestions on how to accomplish this mission.

What Plan Review processes or individual reviews was your most recent project subjected to:
(Please check the appropriate boxes.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Structural | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> Engineering | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Health/Swimming Pool | <input type="checkbox"/> Health/Food |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Flood Plain | <input type="checkbox"/> Curb | <input type="checkbox"/> Screen/Landscape |
| <input type="checkbox"/> Fair Housing | <input type="checkbox"/> Health/Daycare | <input type="checkbox"/> Historical |

Provide your input on any or all of those reviews/processes as to **what went well** and why:
(Attach supporting information if necessary.)

Provide input or any suggestions on reviews/processes that you feel **need improvement** and why: (Attach supporting information if necessary.)

Permit Number _____

Responder:

Name_____

Address_____

City_____

Phone_____

Customer feedback will help us improve service to all our customers. Thank you for sharing your comments.

Mail to:

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